

<i>SERFF Tracking Number:</i>	<i>AGNY-125291179</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Granite State Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026185</i>
<i>Company Tracking Number:</i>	<i>AIC-07-MP-11</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Bollinger Club Program</i>		
<i>Project Name/Number:</i>	<i>Bollinger Club Program/AIC-07-MP-11</i>		

Filing at a Glance

Companies: Granite State Insurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., New Hampshire Insurance Company

Product Name: Bollinger Club Program	SERFF Tr Num: AGNY-125291179	State: Arkansas
TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability	SERFF Status: Closed	State Tr Num: AR-PC-07-026185
Sub-TOI: 05.0000 CMP Sub-TOI Combinations	Co Tr Num: AIC-07-MP-11	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Myron Harry	Disposition Date: 09/28/2007
	Date Submitted: 09/24/2007	Disposition Status: Approved
Effective Date Requested (New): 10/26/2007		Effective Date (New): 10/26/2007
Effective Date Requested (Renewal): 10/26/2007		Effective Date (Renewal): 10/26/2007

General Information

Project Name: Bollinger Club Program	Status of Filing in Domicile: Pending
Project Number: AIC-07-MP-11	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/28/2007	
State Status Changed: 09/24/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The above-referenced Companies ("the Companies") have on file with your Department its Bollinger Club Program ("the Program"). The Companies submit for your review and approval their Country Club Crime Extension Endorsement to be used with this Program. This endorsement was previously submitted to your Department under our filing number AIC-05-MP-04.

Please refer to the attached form listing, and blackline copy for information relating to this endorsement.

SERFF Tracking Number:	AGNY-125291179	State:	Arkansas
First Filing Company:	Granite State Insurance Company, ...	State Tracking Number:	AR-PC-07-026185
Company Tracking Number:	AIC-07-MP-11		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
Product Name:	Bollinger Club Program		
Project Name/Number:	Bollinger Club Program/AIC-07-MP-11		

Company and Contact

Filing Contact Information

Myron Harry, 175 Water Street - 17th Floor New York, NY 10038	myron.harry@aig.com (212) 458-7057 [Phone] (212) 458-7077[FAX]
---------------------------------------------------------------------	----------------------------------------------------------------------

Filing Company Information

Granite State Insurance Company 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone]	CoCode: 23809 Group Code: Group Name: FEIN Number: 02-0140690 -----	State of Domicile: Pennsylvania Company Type: State ID Number:
National Union Fire Insurance Company of Pittsburgh, Pa. 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone]	CoCode: 19445 Group Code: Group Name: FEIN Number: 25-0687550 -----	State of Domicile: Pennsylvania Company Type: State ID Number:
New Hampshire Insurance Company 70 Pine Street New York, NY 10270 (212) 770-7000 ext. [Phone]	CoCode: 23841 Group Code: Group Name: FEIN Number: 02-0172170 -----	State of Domicile: Pennsylvania Company Type: State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
00102775	\$50.00	09/18/2007

SERFF Tracking Number:	AGNY-125291179	State:	Arkansas
First Filing Company:	Granite State Insurance Company, ...	State Tracking Number:	AR-PC-07-026185
Company Tracking Number:	AIC-07-MP-11		
TOI:	05.0 Commercial Multi-Peril - Liability & Non- Liability	Sub-TOI:	05.0000 CMP Sub-TOI Combinations
Product Name:	Bollinger Club Program		
Project Name/Number:	Bollinger Club Program/AIC-07-MP-11		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/28/2007	09/28/2007

SERFF Tracking Number: AGNY-125291179 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026185
Company Tracking Number: AIC-07-MP-11
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Bollinger Club Program
Project Name/Number: Bollinger Club Program/AIC-07-MP-11

Disposition

Disposition Date: 09/28/2007
Effective Date (New): 10/26/2007
Effective Date (Renewal): 10/26/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: AGNY-125291179 State: Arkansas
 First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026185
 Company Tracking Number: AIC-07-MP-11
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
 Liability
 Product Name: Bollinger Club Program
 Project Name/Number: Bollinger Club Program/AIC-07-MP-11

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Form Listing and a Blackline Copy of Endorsement	Approved	Yes
Form	Country Club Crime Extension Endorsement	Approved	Yes

SERFF Tracking Number: AGNY-125291179 State: Arkansas

First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026185

Company Tracking Number: AIC-07-MP-11

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability

Product Name: Bollinger Club Program

Project Name/Number: Bollinger Club Program/AIC-07-MP-11

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Country Club Crime Extension Endorsement	79413	(9/07)	Endorsement Replaced nt/Amendm ent/Condi ons	Replaced Form #:0.00 Previous Filing #: 79413(3/05)		79413(9-07) Country Club Crime Extension End.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COUNTRY CLUB CRIME EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM (LOSS SUSTAINED FORM)
COMMERCIAL CRIME COVERAGE FORM (DISCOVERY FORM)

And applies to the Insuring Agreement(s) designated below:

Coverage is provided under the following Insuring Agreements for which a Limit of Insurance is shown unless a higher Limit of Insurance is shown on the Declarations.

INSURING AGREEMENTS	Limit of Insurance Per Occurrence At each location
A.1. Employee Theft	\$50,000
A. 2. Forgery or Alteration	\$50,000
A. 3. Inside The Premises – Theft of Money and Securities	\$10,000
A. 4. Inside The Premises – Robbery or Safe Burglary of Other Property	\$10,000
A.5. Outside the Premises	\$10,000
A.6. Computer Fraud	\$25,000
A.7. Funds Transfer Fraud	\$25,000
A. 8. Money Orders and Counterfeit Paper Currency	\$5,000
DEDUCTIBLE:	\$1,000 per occurrence

If “Not Covered” is inserted opposite any specified Insuring Agreement noted on the Commercial Crime Coverage Part Declarations, such Insuring Agreement and any other reference thereto in this policy is deleted.

Except as otherwise stated in this endorsement, the terms and conditions of the policy apply to the insurance stated below:

The following modifies the **COMMERCIAL CRIME COVERAGE FORM**:

1. **Section B. Limit Of Insurance** as it applies to the **Section A.1 through A.8 Insurance Agreements**:

A. 1. Employee Theft

Section B. Limit of Insurance is replaced by the following:

The most we will pay for loss in any one “occurrence” is \$50,000 unless a higher limit is shown on the Declarations.

A. 2. Forgery and Alterations

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$50,000 unless a higher limit is shown on the Declarations.

A. 3. Inside the Premises – Theft of Money and Securities

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$10,000 unless a higher limit is shown on the Declarations.

A. 4. Inside the Premises – Robbery or Safe Burglary of Other Property

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$10,000 unless a higher limit is shown on the Declarations.

A. 5. Outside the Premises

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$10,000 unless a higher limit is shown on the Declarations.

A. 6. Computer Fraud

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$25,000 unless a higher limit is shown on the Declarations.

A. 7. Fund Transfer Fraud

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$25,000 unless a higher limit is shown on the Declarations.

A. 8. Money Orders and Counterfeit paper Currency

Section B. LIMIT OF INSURANCE is replaced by the following:

The most we will pay for loss in any one "occurrence" is \$5,000 unless a higher limit is shown on the Declarations.

2. Section C. Deductible is replaced by the following:

We will not pay for "loss" in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in this Endorsement. We will then pay the amount of the adjusted "loss:" in excess of the Deductible, up to the applicable Limit of Insurance. In the event more than one Deductible Amount could apply to the same loss, only the highest Deductible Amount may be applied.

3. Section E. Conditions is amended to include **Item t.** as follows:

- t.** These coverages shall be excess over coverage provided under other valid and collectible insurance. All other policy provisions apply.

4. Section F. DEFINITIONS, is amended as follows:

A. Subparagraph **a.(4)(b)** of Paragraph **5.** is deleted and replaced with the following:

- (b)** Any one or more of the natural persons while in the service of any Employee Benefit Plan (including as Insured herein) as fiduciary, trustee, officer or Employee and any other natural person required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974.

B. Subparagraphs **a.(9)** and **a.(10)** of Paragraph **5.** are added as follows:

- (9)** Any natural person who is a non-compensated officer of any insured.
- (10)** Any of your volunteer workers to the extent that those volunteer workers may handle or have custody of money, securities or property belonging to or held by you.

C. Subparagraph **c.** is added to Paragraph **13.** as follows:

- c.** Credit and Debit cards.

<i>SERFF Tracking Number:</i>	<i>AGNY-125291179</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Granite State Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026185</i>
<i>Company Tracking Number:</i>	<i>AIC-07-MP-11</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0000 CMP Sub-TOI Combinations</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Bollinger Club Program</i>		
<i>Project Name/Number:</i>	<i>Bollinger Club Program/AIC-07-MP-11</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AGNY-125291179 State: Arkansas
First Filing Company: Granite State Insurance Company, ... State Tracking Number: AR-PC-07-026185
Company Tracking Number: AIC-07-MP-11
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0000 CMP Sub-TOI Combinations
Liability
Product Name: Bollinger Club Program
Project Name/Number: Bollinger Club Program/AIC-07-MP-11

Supporting Document Schedules

Review Status:
Satisfied -Name: Uniform Transmittal Document- Property & Casualty **Approved** 09/28/2007
Comments:
Attached please find a PCTD Transmittal.
Attachment:
09-07 AR PCTD Transmittal.pdf

Review Status:
Satisfied -Name: Form Listing and a Blackline Copy of Endorsement **Approved** 09/28/2007
Comments:
Attached please find a Form Listing and a Blackline copy of our Country Club Crime Extension Endorsement.
Attachments:
Form Listing.pdf
79413(9-07) Country Club Crime Extension End. Blackline copy1.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

a. Date the filing is received:

b. Analyst:

c. Disposition:

d. Date of disposition of the filing:

e. Effective date of filing:

New Business

Renewal Business

f. State Filing #:

g. SERFF Filing #:

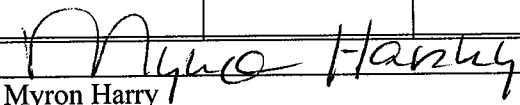
h. Subject Codes

3. Group Name	Group NAIC #
American International Group, Inc.	012

4. Company Name(s)	Domicile	NAIC #	FEIN #
Granite State Insurance Company	PA	23809	02-0140690
National Union Fire Insurance Company of Pittsburgh, Pa.	PA	19445	25-068755-
New Hampshire Insurance Company	PA	23841	02-0172170

5. Company Tracking Number	AIC-07-MP-11
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	Fax #	e-mail
Myron Harry 175 Water Street, 17 th Floor New York, NY 10038	Filings Analyst	(212)458-7057	(212)458-7077	myron.harry@aig.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Myron Harry			

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0000 Commercial Multi-Peril
10. Sub-Type of Insurance (Sub-TOI)	5.1000 & 5.2000
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Bollinger Club Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: October 26, 2007 Renewal: October 26, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	September 24, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document---

20.	This filing transmittal is part of Company Tracking #	AIC-07-MP-11
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are submitting one (1) endorsement to be used with the Bollinger Club Program currently on file with your Department.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #: 00102775

Amount: \$ 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Form Listing

Form Title	Form No.	Form Type	New or Replacement	Form No. Being Replaced	Mandatory or Optional	Restricts, Broadens or Clarifies	Rate or Premium Impact	Description of Form
Country Club Crime Extension 1 Endorsement	79413 (9/07)	Endorsement	Replacement	79413 (03/05)	Optional	Clarifies	no	Changed bullets on page 3 to track with ISO Commercial Crime Coverage Form - CR 00 21 05 06

A = Application
 D = Declarations
 E = Endorsement
 P = Policy
 O = Other (Please explain)

Yes or No

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COUNTRY CLUB CRIME EXTENSION ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL CRIME COVERAGE FORM (LOSS SUSTAINED FORM)
COMMERCIAL CRIME COVERAGE FORM (DISCOVERY FORM)

And applies to the Insuring Agreement(s) designated below:

Coverage is provided under the following Insuring Agreements for which a Limit of Insurance is shown unless a higher Limit of Insurance is shown on the Declarations.

INSURING AGREEMENTS	Limit of Insurance Per Occurrence At each location
A.1. Employee Theft	\$50,000
A. 2. Forgery or Alteration	\$50,000
A. 3. Inside The Premises – Theft of Money and Securities	\$10,000
A. 4. Inside The Premises – Robbery or Safe Burglary of Other Property	\$10,000
A.5. Outside the Premises	\$10,000
A.6. Computer Fraud	\$25,000
A.7. Funds Transfer Fraud	\$25,000
A. 8. Money Orders and Counterfeit Paper Currency	\$5,000
DEDUCTIBLE:	\$1,000 per occurrence

If “Not Covered” is inserted opposite any specified Insuring Agreement noted on the Commercial Crime Coverage Part Declarations, such Insuring Agreement and any other reference thereto in this policy is deleted.

Except as otherwise stated in this endorsement, the terms and conditions of the policy apply to the insurance stated below:

The following modifies the **COMMERCIAL CRIME COVERAGE FORM**:

1. **Section B. Limit Of Insurance** as it applies to the **Section A.1 through A.8 Insurance Agreements**:

A. 1. Employee Theft

Section B. Limit of Insurance is replaced by the following:

The most we will pay for loss in any one “occurrence” is \$50,000 unless a higher limit is shown on the Declarations.

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Page 1 of 3

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A. 2. Forgery and Alterations

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$50,000 unless a higher limit is shown on the Declarations.

A. 3. Inside the Premises – Theft of Money and Securities

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$10,000 unless a higher limit is shown on the Declarations.

A. 4. Inside the Premises – Robbery or Safe Burglary of Other Property

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$10,000 unless a higher limit is shown on the Declarations.

A. 5. Outside the Premises

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$10,000 unless a higher limit is shown on the Declarations.

A. 6. Computer Fraud

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$25,000 unless a higher limit is shown on the Declarations.

A. 7. Fund Transfer Fraud

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$25,000 unless a higher limit is shown on the Declarations.

A. 8. Money Orders and Counterfeit paper Currency

Section B. LIMIT OF INSURANCE is replaced by the following:
The most we will pay for loss in any one "occurrence" is \$5,000 unless a higher limit is shown on the Declarations.

2. Section C. Deductible is replaced by the following:

We will not pay for "loss" in any one "occurrence" unless the amount of loss exceeds the Deductible Amount shown in this Endorsement. We will then pay the amount of the adjusted "loss:" in excess of the Deductible, up to the applicable Limit of Insurance. In the event more than one Deductible Amount could apply to the same loss, only the highest Deductible Amount may be applied.

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Page 2 of 3

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3. Section E. Conditions is amended to include Item f. as follows:

f. These coverages shall be excess over coverage provided under other valid and collectible insurance. All other policy provisions apply.

4. Section F. DEFINITIONS, is amended as follows:

A. Subparagraph a.(4)(b) of Paragraph 5, is deleted and replaced with the following:

(b) Any one or more of the natural persons while in the service of any Employee Benefit Plan (including as Insured herein) as fiduciary, trustee, officer or Employee and any other natural person required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974.

B. Subparagraphs a.(9) and a.(10) of Paragraph 5, are added as follows:

(9) Any natural person who is a non-compensated officer of any insured.

(10) Any of your volunteer workers to the extent that those volunteer workers may handle or have custody of money, securities or property belonging to or held by you.

C. Subparagraph c, is added to Paragraph 13, as follows:

c. Credit and Debit cards,

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(4) (b) is

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(4) Any natural person who is:¶
(b)

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and (8)

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Page 3 of 3

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Page 3: [2] Formatted	JBernier	9/6/2007 2:20 PM
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Item 13. **"Money" means:** is amended to include **Item c.**

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Page 3: [6] Deleted	Stephen Raymond	9/6/2007 2:20 PM

E. Conditions is amended to include **Item u.** as follows:

These coverages shall be excess over coverage provided under other valid and collectible insurance. All other policy provisions apply.